FOR INSTRUCTIONS, SEE BACK OF FORM Reset For DISCLOSURE SUMMARY PAGE COMMITTEE NAME (Must be same as on Statement of Organization) CREWS FOR MAYOR

П	FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
	For Office Use O	nly
	Logged In	
	Scanned	
	Computer	
	Audited	

IMPORTANT: Indicate type of committee you are reporting for: 4 (1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee (8) Support Slate of Candidates CANDIDATE COMMITTEES ONLY: Candidate Name Political Party JON T. CREWS Office Sought District (if Senate or House) MAYUR OF SIGNATURE OF TREASURER (or person filing this report) Late filed reports are subject to possible civil and criminal penalties. SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: I AM FILING A NOVEMBER 1, 2007 REPORT FOR ANA (1) ELECTION /(2)NON-ELECTION YEAR. (report date) Indicate one Local Committees, enter Date of Election CHECK IF AMENDMENT TO REPORT DATED ____ OVEMBER 200 County & Local Committees, enter Let Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. which Election is held (You must continue to file reports until a Notice of Dissolution is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held O by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) 2,931.12 ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H) (Schedule H applies to Candidates' Committees Only) SUB-TOTAL\$ 3 681.12 SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report, balance must 3 431,12 be zero) (Attach DR-3).....\$

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN (Schedule G Attached?) VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

For Instructions,	See	Back of	Form
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CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (A)	
COMMITTEE NAME (Must be same as on Statement of Organization)	
CREWS FOR MAYOR	
	-

SCHEDULE	
A (Aev. 06/97)	MONETARY RECEIPTS
CHE AMEN	CK THIS 80X IF IDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DO/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	V IF FUN
2/5/07	ID# CK#	DON WIESERANDERS 1123 W. 10#S+ COLAR FALLS TA STATE	410	s 20	INCO
211	ID#	DAVID + SHARON WIELAND	NONE	×0	
2/5/07	CK#	4201 HERITAGE 28. Colar PAlls IOND 50613	NONE	100	
2/5/07	ID#	MRS. JOHN DEERY			
1/07	CK#	COGARIFALIS IN SOLO13	NONE	100	
2/4/07	ID#	ARThurs ShiPLEY DAVIS			
16/07	CK#	1403 Clay St Coden FAlls ID 50413	NONE-	100 -	
2/7/07	ID#	LELAND THOMSON			
107	CK#	2014 W. 32L St Ceder FAlls TOWN	NONE	30	
2/	ID#	ROBERTN + MYRNA G. BREMNER	-//-		
2/21/07	CK#	3398 Hudson Rd Cedar FAlls ZD STU13	NONE	100	
	10#	Judith A. BENSON			
	CK# 2646	28/3 NEOLA ST CELACIFALLS IA 50613-5924	NONE	100	
3,/07	CK# 9599	ROBERT L OR SUSAN M. RUNKIE WINDOWE UNIT 55 5300 SOUTH MAIN ST. CECAR FAILS IA SOUTS	NONE	50	
but	10#	DEborsh D. + DAVID R. NAGIE			
	CK# 1740	4935 N. UNION R.L CELNIFALLS IA 50613-9428	NOWE	100-	
1/12/	104	T. NOREEN FISCHER			
112/07		122 W.4495+ CELAR FAILS I A 50613	NONE	50	
1			SUB-TOTAL	250-	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marnage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page	/ot	
-	(for Schedule A)	

TOTAL (if last page of this

schedule)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE							
B (Rev. 09/97)	MONETARY EXPENDITURES						
CHECK THIS BOX IF							

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

CREWS FORMAYOR CANDIDATE NAME AND ADDRESS TO WHOM PURPOSE ID NUMBER DATE EXPENDITURE AMOUNT (DESCRIBE TRANSACTION) EXPENDED (if applicable) EXPENDED (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER CELLEBASIN JAZZFESTIVAL Advertising ID# CK# 254 \$ 150, -CELLEBASIN TAZZ FESTIVAL 2710 Country Morday Cone CELLEFALLS IA 50613 ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# SUB-TOTAL 250,-TOTAL (if last page of this schedule)

THIS	вох	APPL	IES	TO	CANDIDATES'	COMMITTEE	ON V
	/	~ -		. 0	CANDIDATES	COMMITTEE:	ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

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Page		of	 L.,	

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